(c) whether Government have finally cleared decks for a regulatory body and unified law for food industry;

(d) whether biggest bottleneck in expanding food processing sector in terms of investment and exports is lack of adequate infrastructure; and

(e) if so, the steps Government propose to take to make food processing industry a more investment and export oriented?

THE MINISTER OF STATE OF THE MINISTRY OF FOOD PROCESSING INDUSTRIES (SHRI SUBODH KANT SAHAY). (a) to (d) Major constraints of food processing sector as outlined in the Draft Food Processing Policy are non-availability of adequate infrastructurai facilities, lack of adequate quality control and testing infrastructure, inefficient supply chain, lack of processable varieties of farm produce, seasonality of raw material, high taxation, high packaging cost and affordability. Draft Policy seeks to address these issues. The matter regarding enactment of Integrated Food Law is before the Group of Ministers (GoM). As directed by the GoM, the Draft Integrated Food Law has been prepared and circulated to State Governments and other stakeholders for their comments

(e) In order to attract more investment in FPI sector, a deduction of 100% of profit for five years and 25% of profits for the next five years has been allowed in case of new agro processing industries set up to process, preserve and package fruits and vegetables. Excise duty on fruit and vegetable products has been waived. In the Union Budget of 2005-06, customs duty on refrigerated vans has been reduced from 20% to 10% and surcharge of Rs. 1.00 per Kg on refined edible oil and Rs. 1.25 en Vanaspati abolished. For facilitating promotion of export of processed food, financial assistance provided to FPI units to adopt ISO, HACCP, GMP certification.

Delay in medical reimbursement

529. SHRI DHARAM PAL SABHARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) whether it is a fact that considerable delays are caused by the Directorate of CGHS in making reimbursement to medical claims submitted by the retired CGHS beneficiaries causing immense financial hardships to them; and

(b) if not the number of such reimbursement claims submitted before 1st May 2004 and 31st October, 2004 still pending as on 31st January, 2005 with the I Hadquarters or the Regional Office (North) for preparing cheques for the amount?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMAT! PANABAKA LAKSHMi): (a) Medical claims of the CGHS pensioner beneficiaries are generally cleared in 4 to 6 weeks' time except in cases which require opinion of the expert Cdmmittee, involve relaxation of rules, verification of Hospital bills where the treatment was taken by the berseficsary In another city, or in the event of budgetary constraints.

(b) Receipt of medical reimbursement ciaims of CGHS pensioner. beneficiaries is an ongoing/continuous process and a large numbers of claims are received daily. A total of 7460 medical claims of CGHS beneficiaries were reserved from April, 2004 to 31st October, 2004. Out of the 7460 medical claims, 22 claims are pending for verification against hospital bills and the remaining medical claims have been settled. The bills pertaining to the reimbursement ciaims for period ending 31.10.2004 that have been approved for reimbursement were sent to the Pay and Accounts Office, CGHS, Rajinder Nagar, New Delhi, before 31.1.2005 for making payment The PAO, CGHS have in turn, confirmed that all the bills of CGHS Pensioner beneficiaries received in that office up to 31.1.2005 have been cleared.

Clinical trials on experimental drugs

530. SHRI UDAY PRATAP SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether Government are aware that some major biotech companies had *been* conducting ciinical trials on their experimental drugs without the approval of GcAC; and

(b) if so, the details of companies and action taken against them by DCGI?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) All biotech companies indigenously producing recombinant based therapeutic